



Ideas into Action

CELEBRATING BEST PRACTICES AND LESSONS LEARNED FROM THE DBHDS SYSTEM'S WORK AROUND CULTURAL AND LINGUISTIC COMPETENCY IN VIRGINIA

April is Minority Health Month

In January 2000, the Department of Health and Human Services launched a comprehensive, nationwide health promotion and disease prevention agenda called *Healthy People 2010*, which was designed to serve as a framework for improving the health of all people in the United States during the first decade of the 21st century. In April 2001 in response to *Healthy People 2010*, the National Minority Health Month Foundation launched National Minority Health Month which is commemorated every year in April in a growing number of states and localities.

This month is used to bring awareness to health equity and health disparities in minority communities by the US Department of Health and Human Services, the CDC, and the Virginia Department of Health, among others.

According to the National Partnership for Action to end Health Disparities (NPA), health equity is attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focus and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and healthcare disparities.

The NPA has defined Health Disparity as a particular type of health difference that is closely linked with

social or economic disadvantage. Health disparities adversely affect groups of people who have systematically experienced greater social and/or economic obstacles to health and/or a clean environment based on their racial or ethnic group; religion; socioeconomic status; gender; age; mental health; cognitive, sensory, or physical disability; sexual orientation; geographic location; or other characteristics historically linked to discrimination or exclusion.

There is compelling evidence that race and ethnicity correlate with persistent, and often increasing, health disparities among U.S. populations. Indeed, despite notable progress in the overall health of the Nation, there are continuing disparities in the burden of illness and death experienced by minority populations when compared to the U.S. population as a whole. The demographic changes anticipated over the next decade magnify the importance of addressing disparities in health status. Groups currently experiencing poorer health status are expected to grow as a proportion of the total U.S. population; therefore, the future health of America as a whole will be influenced substantially by improving the health of these racial and ethnic minorities. As we begin to change the way in which healthcare is delivered and financed, a heightened focus on disparities will be particularly important. §

What Have We Been Up To? Check out our 2011-2012 Biennial Report!

It is with great pleasure that I present to you the Office of Cultural and Linguistic Competence's (OCLC) first Biennial Progress Report. The Office, through a multipronged strategy of education, service, and research, aspires to be the catalyst that brings practical strategies to eliminate disparities directly to our stakeholders – including state facilities, community services boards, private providers, and community organizations. The Office also seeks to answer key policy and practice questions that can pave the way for action to increase equity in our system. We think we're making progress towards achieving these goals. We would like to share this progress with you and your organization.

You may access the report [here](#).

CLC Steering Committee Member Highlight

The Office of CLC has a team of talented and energetic people supporting and advising our work who hail from a variety of organizations and locations from across the state. Each month we highlight one of them to give a picture of the scope of our experience and activities. This month we spoke with **Steven Hixon**, Prevention Coordinator, Henrico County Prevention Services. Here is what he shared with us.

Where are you from and what is your background?

My undergraduate degree is in Social Work from East Carolina University, Greenville, N.C. My MBA is from Averett University, Danville, VA. I've been in Virginia for over 25 years, so it's home for me now.

What got you interested in CLC?

My work in the field of Prevention and Cultural Competency is part of the Strategic Prevention Framework, so professionally it's always been of interest to me to grow in this area. Personally, as an African-American, I've always known an individual's culture is their foundation for who they are, both at the surface level and internally. That cultural pride was instilled in me as a child.

How long has your organization been involved with CLC?

Henrico Area Mental Health and Developmental Services has been involved with CLC since its inception in 2008. But as an



agency, we have been involved in Cultural Competency components (e.g. Cultural Diversity) for almost 20 years through various activities we have, required trainings, and our Cultural Awareness and Competency Committee.

What are a few short-and long-term plans that you have for this work?

Short-term plans include finishing out my term commitment on CLC. Long-term goals for this work include expanding cultural competency training opportunities through the consultant work I already do for various businesses and organizations; Cultural Competency is also a class I teach for VCU Non-profit Learning Point.

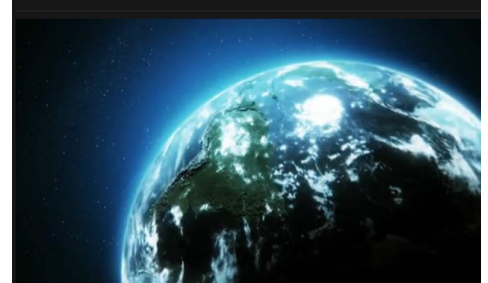
What are some things you do outside of work and for fun?

For fun, I love to laugh; I'm always looking for a good comedy show. I love to travel; driving is a form of meditation for me. I work with youth, so I also enjoy attending different events they are involved in as a show of support for them. I also enjoy regular workouts at the YMCA and going to the movies and plays. §

We Are Deaf

Diversity is everywhere, and that is something that the deaf community displayed beautifully in a video titled "We Are Deaf". People from 27 countries came together to demonstrate just how different people who can also be similar can be. Click on the image below to watch the video and be inspired.

We are Deaf



Plain Language: It's the law

President Obama signed the Plain Writing Act of 2010 on October 13, 2010. The law requires that federal agencies use "clear Government communication that the public can understand and use." Although this is guidance for federal agencies, it is a useful strategy for ensuring that the material developed by states and localities are accessible, consistent, written in plain language, and easy to understand.

PlainLanguage.gov is a website developed and maintained by the Plain Language Action and Information Network (PLAIN), a community of federal employees dedicated to the idea that citizens deserve clear communications from government. The site is dedicated to help improve writing so your users can find what they need, understand what they find, and use what they find to meet their needs. §

Disclosing Mental Illness Among Korean Americans Is Losing Face



PEARL JI-HYON PARK

Putting a spotlight
on Korean
American Mental
Health.

You can buy a DVD of "Can"
[here](#)

Please also visit the website of
"Can" a documentary
film: amongourkin.org.

And Blog: can-documentary.blogspot.com

To join the Facebook page:
[click here](#)

Below you will find a reprint of a segment of the article: Disclosing Mental Illness Among Korean Americans Is Losing Face

No matter how conspicuously present, mental illness in Korean American families is nearly always held in secrecy, often under a cloud of denial and shame.

"It would have been so much easier for my sister if we were able to speak openly about her schizophrenia and bipolar disorder," said John Lee, not his real name, who occasionally helps his sister Jane, not her real name, who had her first episode of serious mental illness 25 years ago. His family and Jane, a medical doctor, chose not to reveal her schizophrenia to her husband before marriage, John said, citing taboo around schizophrenia as a reason. Jane's husband did know that she had bipolar disorder because he saw her taking lithium.

Only about 12% of Asian Americans compared to 25% of Euro-Americans would disclose their mental illness to a friend or family member, according to studies cited in the 2001 Mental Health Supplement of the Surgeon General's Report. Not surprisingly, Asian Americans are less likely than other ethnic groups to seek professional help for mental health issues and frequently confront cultural and linguistic barriers in finding professional help on a regular basis. Even among Korean Americans who are educated to view health medically, mental illness is not discussed with the same level of candor one might speak about cancer, heart disease, or diabetes.

"There is a poor understanding of mental illness as a public health issue among Korean Americans. This situation leads [them] to deny the existence of their own mental illness, often resisting treatment and resulting in significant delays of treatment," said Shin Woo Kim, LMSW, president of the Korean American Behavioral Health Association (kabha.org), a Queens, NY-based membership organization of Korean American multidisciplinary behavioral health professionals—the only one of its kind on the East Coast. Ms. Kim is also a licensed master social worker at Creedmoor Psychiatric Institution, a facility for people with severe mental illness.

Reprinted from KoreanAmericanStory.org

HHS takes action to ensure equal access for the deaf and hard of hearing

FOR IMMEDIATE RELEASE
February 17, 2012

Contact: HHS Press Office
202-690-6343

HHS' Office for Civil Rights (OCR) has entered into a settlement agreement with Advanced Dialysis Centers in Randallstown Maryland ("ADC"), to ensure individuals who are deaf and hard of hearing have equal access to programs and activities as required under Section 504 of the Rehabilitation Act (Section 504) and the Americans with Disabilities Act (ADA).

This settlement follows an OCR investigation into a complaint filed by the sister of a deaf patient at ADC who alleged that the facility repeatedly failed to provide adequate sign language interpreter services essential to her brother's understanding of important medical decisions and treatment options.

"Despite their right to equal access and opportunity to benefit from and participate in programs funded by federal dollars, individuals who are deaf and hard of hearing continue to face unlawful barriers to getting needed health services," said OCR Director Leon Rodriguez. "Section 504 and the ADA exist to ensure that individuals do not face discrimination in attempting to communicate with their health care providers."

Section 504 prohibits disability-based discrimination by all health care providers that receive federal financial assistance. Where necessary to afford equal access to health care services, providers must provide free of charge to the deaf or hard of hearing person, auxiliary aids and services including sign language interpreters. [READ MORE](#).

DBHDS renews statewide telephonic interpreting and translation contract

For several years, DBHDS has had access to two statewide telephonic interpreting and translation contracts. These contracts are managed through the Virginia Department of Health; however, any state or local entity can sign onto the contracts free of charge. Costs are only incurred when the services are utilized. If your agency is part of a locality, you may be interested in signing onto this contract. The rates tend to be lower as the volume is greater. If you would like more information about this state contract, the [Office of CLC](#) can put you in touch with the procurement officer who manages the contract.

The existing contract will expire on April 30, 2013. You can see the current rates for existing telephonic interpretation and translation services [here](#). Recently, VDH shared the contract renewal document for these services. These contracts are effective May 1, 2013.

Once you have an account arranged through VDH, you may contact either of them for purposes of this contract. They can provide pricing information, answer questions, or set up a language service. Incidentally, if you use them and have feedback regarding the service, I would love to hear it. It will help my office determine if it is a service that we want to continue recommending.

As you all know, the organizations in our system are recipients of federal funds. Therefore, we are required by law to ensure meaningful access to services for limited English proficient individuals. Budgeting and planning for telephonic interpreters and the translation of pertinent documents in all areas of our organizations are two key ways that we ensure compliance with federal law as well as support the provision of high quality services to citizens of the Commonwealth. DBHDS established the Office of Cultural and Linguistic Competence to support the development of language access services across the Commonwealth.



Qualified Bilingual Staff Interpreter Training celebrates training over 100 participants

In December, 2013, the OCLC celebrated having trained its 100th participant in the Qualified Bilingual Interpreter Staff (QBS) training curriculum. To date, we have trained 119 bilingual staff from the statewide BHDS system who work in facilities, community services boards, state agencies, hospitals, peer support organizations, and private providers of behavioral health and developmental disability services. We have been fortunate to have participants from 43 organizations involved in this training.

Research shows that using people who have not been assessed and trained to interpret impacts the outcomes of any health encounter. Employees who know how to successfully facilitate communication between a provider and a consumer can greatly enhance the relationship necessary to do our work. Employees who don't have these skills can actually create a destructive relationship for the provider and consumer.

The QBS training will ensure that employees who are used in an interpreting encounter have sufficient proficiency in both languages to communicate with the consumer and that they use effective practices to enhance communication for the provider and the consumer.

The QBS training program was developed by Kaiser Permanente for the purpose of increasing our capability for providing linguistically appropriate services to DBHDS limited English proficient (LEP) patients. The program targets bilingual, dual role staff and trains them in proper interpreting skills during a mental health or behavioral health encounter. The training is a twenty-four hour course recognized as a best practice by the Joint Commission, The Alliance of Community Health Plans, and the Robert Wood Johnson Foundation. The DBHDS QBS was nationally highlighted on the Kaiser Permanente National Diversity QBS [website](#).§

The Inside Scoop

Cultural and Linguistic Competence Committees across the State

Each organization in our system has a slightly different service population, and as a result will have slightly different priorities for their cultural and linguistic competence planning. Each month, we will review a different cultural and linguistic competence/diversity committee to learn from their experiences. This month, we have interviewed the Cultural Competence Committee at New River Valley Community Services Board. Here is what they have to share.

How long has your committee been around? Since 2005.

What were some of the reasons it was created? Our committee was created around the same time our agency developed and launched an internal diversity training initiative. While each member of our team is required to attend an annual diversity training, our Cultural Competence Committee (CCC) helps ensure that our organization considers diversity and other cultural issues when making decisions related to not only service delivery but to management of daily operations.

From where in your organization do members come? Representatives on the NRVCS CCC include a member of our senior administrative team, the agency's community relations specialist, our internal human rights advocate, and at least one representative from each of the agency's service units. Several of these individuals are also among NRVCS' certified diversity trainers.



Front row, left to right are Kat Saunders, Anne Dornberg. Back row, left to right, Deborah Whitten-Williams, Chairperson; Heather Custer; Courtney Scherer; Mike Wade. Not pictured Melissa Jackson, Amanda O'Reilly, Juan Polanco

How are members selected? Members are selected based on their level of interest, passion, and ability to commit time to CCC meetings and special events.

How is the committee organized? NRVCS has a policy that specifically addresses cultural and linguistic competency, which includes maintaining an active CCC. The CCC has an annual work plan that outlines targeted goals and objectives for the year. The group typically meets every other month, or as needed.

What ways does your committee show activities and achievement?

Newsletters, internal e-mail, posters, and annual achievement reports. Several of our projects are promoted through our partnership with both Radford University & VA Tech.

What are some of your major goals for this year? 1) Adapt clients' forms and documentation to better serve non-English speaking clients and to be sensitive to relationship status; 2) Expand community outreach; and 3) Expand committee membership to improve language assistance services with guidance from bi-lingual staff.

What are some of your ongoing activities? Annual review of personnel policies, annual art exhibit, semi-monthly new hire orientation, Holiday observances, and annual diversity training for all staff.

What have been some of the biggest successes for your committee? Our committee has played a significant role in providing excellent educational opportunities for our staff, either through suggesting topics for internal diversity trainings or bringing in guest speakers. Presentations have ranged from Appalachian culture to transgender issues to presentations from National diversity experts, including Dr. Roosevelt Thomas. Our committee also created a 2013 "diversity calendar" that features artwork created by some of our employees after they participated in an in-house art show held in October 2012. The committee has also given guidance around observations of holidays and the use of interpretation services for non-English speaking consumers/families seeking help.

What have been some of the biggest challenges for your committee? Initially, dealing with a lack of recognition for the committee and its potential contributions to overall quality of services and workplace environment.

What advice would you give to an organization thinking about starting a CLC committee? Start developing your committee today! It will only enhance the quality of services you are providing. §

Got Culture?

Exploring the Relationship between Culture and Children's Mental Health

9am – 4:30pm

NOVA

Wednesday, May 29, 2013

Tidewater

Tuesday, June 18, 2013

Richmond

Wednesday, June 19, 2013

FREE!

[Click here](#) to find a workshop near you!

Cultural and linguistic competence (CLC) is a core value of system of care (SOC) communities. It is defined as: “a set of congruent behaviors, attitudes, and policies that come together in a system, agency, or amongst professionals and enables that system, agency, or those professionals to work effectively in cross-cultural situations.” Cultural and linguistic competence is the responsibility of every SOC team member, the governance structure, and community partners.

Don't miss national and state speakers present on cultural competence in children's mental health, working with LGBTQ youth, communication and language services, and best practices in your communities.

All should be champions of promoting, infusing, and implementing CLC within their system and broader community. This training day will allow children's mental health staff and leadership to explore the aspects of cultural and linguistic competence and explain how to apply culturally and linguistically appropriate practices to everyday service delivery and operations.

Agenda

- **The Value of Cultural Competence in Systems of Care – Vivian H. Jackson, Ph.D., LICSW, Assistant Professor, Senior Policy Associate, National Center for Cultural and Linguistic Competence**
- **Critical Considerations in Planning for Effective Communication - Cecily Rodriguez, Director, Office of Cultural & Linguistic Competence, DBHDS**
- **What Would You Do? An Exploration of Disparities in Children's Mental Health**
- **How to be an Ally for LGBTQ Youth**
- **Applying CLAS in the Real World- A Panel of Best Practices in the Region**

Who should attend?

Professionals, paraprofessionals, partners, advocates, and stakeholders working in the field of children's mental health should consider attending this training, as well as anyone interested in learning about diverse communities and learning strategies for working effectively with these communities.

RESOURCES

ARE YOU IN COMPLIANCE WITH DEPARTMENTAL INSTRUCTION 209?

Did you know that DBHDS has a policy related to how interpreters are used and what material shall be translated for use in consumer communication? The updated DI requires that each state facility formalize its language access policies and use qualified interpreters as the first choice for communicating with individuals who have a language access barrier. It outlines requirements for assessing communication barriers experienced by individuals receiving services, accessing on-site and telephonic interpreters, and documenting provision of interpreter services. The Instruction also includes a requirement that staff members who serve as interpreters pass a proficiency test to assure provision of quality interpretation. Finally, the Instruction includes staff training expectations and lists resources that are available from the Office of Cultural and Linguistic Competence and other agencies. See the full text of the DI on the web [here](#). **Be sure that you are familiar with and understand the policy. It is everyone's responsibility to ensure that we communicate effectively.**

LOOKING FOR TRANSLATED FORMS FOR OUR FACILITIES?

- **DBHDS Notice of Privacy Practices in Spanish- (includes the Acknowledgement of Receipt)**
 - **DBHDS Authorization for Use or Disclosure of Protected Health Information - Spanish, Single Use**
 - **DBHDS Authorization for Use or Disclosure of Protected Health Information - Spanish, Multiple Use**
- are located on CODIE at <http://www.dmhmsas.cov.virginia.gov/forms1.asp>

DBHDS Office of Human Rights- Know Your Rights Poster – Spanish is located at
<http://www.dbhds.virginia.gov/documents/HumanRights/ohr-KnowYourRightsSpanish.pdf>

Notice of Rights Form- Spanish, French, and German are located on CODIE at
<http://www.dmhmsas.cov.virginia.gov/forms1.asp>

DON'T FORGET!

If you want regular articles, research, and notices of events about cultural and linguistic competency, sign up for our Google group.
Click below to sign up.

<http://groups.google.com/group/va-dbhds-cultural-and-linguistic-competence>

RESOURCE LIBRARY

We have over 100 titles in our resource library on subjects ranging from race relations to communication across culture to working with interpreters. You can check out the list of resources by going to the link at
<http://www.dbhds.virginia.gov/2008CLC/documents/clc-Res-Material-for-Loan.pdf>

Cultural Competence Matters

Please enjoy the 13th edition of *Cultural Competence Matters* - a report from the Center of Excellence for Cultural Competence at the New York State Psychiatric Institute (NYSPI-CECC). This issue highlights the main findings of the White Paper developed by the Office of Mental Health's Bureau of Cultural Competence (BCC), the Centers of Excellence for Cultural Competence at the Nathan Kline Institute, and the New York State Psychiatric Institute. The White paper demonstrates why health care reform in New York State must include culturally competent care and discusses ways in which cultural competence can be infused in the State's newly emerging care delivery models.

Use this link to access the Cultural Competence Matters and the White Paper report
<http://nyspi.org/culturalcompetence/what/reports.html>